

# FOR INSTRUCTIONS, SEE BACK OF FORM

## CHECK ONE:

- ☐ This is an **initial\*** Statement of Organization  
☒ This is an **amended\*** Statement of Organization

\* Statement must be filed within 10 days of committee accepting contributions, making expenditures, or incurring debts exceeding \$750. Amendments must be filed within 30 days of a change.  
 Effective January 1, 2010, all statements and reports filed by new committees for state office must be filed electronically and effective January 1, 2012, all statements and reports filed by all committees for state office must be filed electronically.  
 Effective May 1, 2010, all statements and reports for State PACs and State Parties must be filed electronically.

Reset Form

<b>FORM</b> <b>DR-1</b> (Rev. 10/2009)	<b>STATEMENT</b> <b>OF</b> <b>ORGANIZATION</b>
<b>For Office Use Only</b>	
Comm. #	6073
Indexed	
Audited	
Computer	

**COMMITTEE NAME** ↓ ↓ (A candidate's committee must include the candidate's last name in the name of the committee.) If amending committee name, put old name in ( )  
**IOWA MEDICAL POLITICAL ACTION COMMITTEE**

**IMPORTANT:** Indicate type of committee you are reporting for: **2**

( 1 ) Statewide/Legislative/Judge Standing for Retention Candidate ( 2 ) Statewide PAC ( 3 ) State Party ( 4 ) County Central Committee  
 ( 5 ) County Candidate ( 6 ) City Candidate ( 7 ) School Board or Other Political Subdivision Candidate ( 8 ) County PAC ( 9 ) City PAC  
 ( 10 ) School Board or Other Political Subdivision PAC ( 11 ) Ballot Issue (including committee involved in multiple city/county ballot issues)

### COMMITTEE TREASURER (mandatory for all committees)

Name ↓  
 Gene Lariviere, MD  
 Mailing Address ↓  
 1001 Grand Avenue  
 City ↓ State ↓ Zip Code ↓  
 West Des Moines, Iowa 50265  
 Phone (515) 223-1401  
 e-Mail dpotter@iowamedical.org

### COMMITTEE CHAIR (mandatory except for a candidate's committee)

Name ↓  
 Michael D Abrams  
 Mailing Address ↓  
 1001 Grand Avenue  
 City ↓ State ↓ Zip Code ↓  
 West Des Moines, Iowa 50265  
 Phone (515) 223-1401  
 e-Mail mabrams@iowamedical.org

**INDICATE PURPOSE OF COMMITTEE** - Check One Box ☒ Advocate for/against candidate(s) ☐ Advocate for ballot issue(s)  
 Comment or description:

**All Candidates Enter:**  
 Office Sought:

Political Party (if applicable):

District:

Year Standing for Election:

**County/Local Candidates and Ballot Issue Committees Enter:**

County: (If active in multiple ballot issue elections, attach list of counties)

Date of Election:

**Bank Account Name** (must match committee name)

Iowa Medical Political Action Committee  
 Name of Financial Institution/type of Account ↓  
 Merrill Lynch  
 Mailing Address ↓  
 400 Locust Street; Suite 600  
 City ↓ State ↓ Zip ↓  
 Des Moines IA 50309

**Candidate name & Address or Parent Entity (PACs, if applicable), Affiliate, or Sponsor**

Iowa Medical Society  
 Mailing Address ↓  
 1001 Grand Avenue  
 City ↓ State ↓ Zip ↓  
 West Des Moines IA 50265  
 Phone (515) 223-1401  
 e-Mail dpotter@iowamedical.org

### STATEMENT OF AFFIRMATION: By filing this document the committee affirms the following:

- The committee and all persons connected with the committee understand that they are subject to the laws in Iowa Code chapters 68A and 68B and the administrative rules in Chapter 351 of the Iowa Administrative Code.
- That Iowa Code section 68A.402 and rule 351—4.9 require the filing of disclosure reports and that the failure to file these reports on or before the required due dates subjects the candidate or chairperson (in the case of committees other than a candidate's committee) to the automatic assessment of a civil penalty and the possible imposition of other criminal and civil sanctions.
- That Iowa Code section 68A.405 and rules 351—4.38 through 4.43 require the placement of the words "paid for by" and the name of the committee on all political materials except for those items exempted by statute or rule. A committee that wishes to register a committee name for purposes of using the shorter "paid for by" and does not intend to cross the \$750 filing threshold shall file the Form DR-SFA form in lieu of filing this form.
- That Iowa Code section 68A.503 and rules 351—4.44 through 4.52 prohibit the receipt of corporate contributions by all committees except for ballot issue PACs.
- A candidate and a candidate's committee may only expend campaign funds as permitted by Iowa code sections 68A.301 through 68A.303 and rule 351—4.25.
- That the committee will continue to file disclosure reports until all activity has ceased, committee funds spent, debts resolved, and a final report and a statement of dissolution (DR-3) has been filed.

Signature of Treasurer

Signature of Candidate, OR, for all other committees, Chairperson

Date Signed

Date Signed